

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 07/02/2012  
FORM APPROVED  
OMB NO. 0938-0391

45th 8/19/12

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  445501	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN B. WING _____	(X3) DATE SURVEY COMPLETED  07/02/2012
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NAME OF PROVIDER OR SUPPLIER  WEST HILLS HEALTH AND REHAB	STREET ADDRESS, CITY, STATE, ZIP CODE 6801 MIDDLEBROOK PIKE KNOXVILLE, TN 37919
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
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K 025  
SS=D

**NFPA 101 LIFE SAFETY CODE STANDARD**

Smoke barriers are constructed to provide at least a one half hour fire resistance rating in accordance with 8.3. Smoke barriers may terminate at an atrium wall. Windows are protected by fire-rated glazing or by wired glass panels and steel frames. A minimum of two separate compartments are provided on each floor. Dampers are not required in duct penetrations of smoke barriers in fully ducted heating, ventilating, and air conditioning systems. 19.3.7.3, 19.3.7.5, 19.1.6.3, 19.1.6.4

This STANDARD is not met as evidenced by:  
Based on observation, the facility failed to assure smoke barrier fire ratings are maintained. The findings include:  
Observation on July 2, 2012 at 12:10 p.m. revealed one (1) penetration in the corridor wall above the ceiling at patient room 208.

This finding was verified by the maintenance supervisor and acknowledged by the administrator during the exit conference on July 2, 2012.

K 062  
SS=D

**NFPA 101 LIFE SAFETY CODE STANDARD**

Required automatic sprinkler systems are continuously maintained in reliable operating condition and are inspected and tested periodically. 19.7.6, 4.6.12, NFPA 13, NFPA 25, 9.7.5

K 025

K 025

1. No residents were identified as having been affected. The penetration in the corridor wall above the ceiling at patient room 208 was sealed by the maintenance assistant on 7/2/12.
2. The Maintenance Director and maintenance assistants will assess for penetrations in the corridor wall above the ceiling in all resident rooms to ensure all areas are sealed by 7/18/12.
3. The Maintenance Director was in-serviced on 7/2/12 by the administrator on proper sealing of penetrations in the corridor walls.
4. The maintenance director will audit monthly to ensure any penetrations are sealed times 3 months and ongoing during monthly preventative maintenance rounds. Results of findings will be reviewed by the Administrator or Maintenance Director in the Quality Assurance Performance Improvement Committee for 3 months and/or until one hundred percent compliance is achieved. The Quality Assurance Performance Improvement Committee consists of the Administrator, Medical Director, Director of Nursing, Staff Development Coordinator, Environmental Services, Dietary, Social Services Director, Business Office Manager, MDS Coordinator, Rehabilitation Department, Medical Records and Environmental Department.

K 062

K 062

1. No residents were identified as having been affected. The maintenance assistant properly attached the wiring above the ceiling in room 905 on 7/2/12.
2. The Maintenance Director assessed all wires on the 900 unit to ensure no wires were attached to or supported by the automatic sprinkler system. The Maintenance Director

7/18/12

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE <i>Karen D. Smith RN</i>	TITLE <i>Director of Nursing</i>	(X6) DATE <i>7/18/12</i>
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Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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K 062	Continued From page 1  This STANDARD is not met as evidenced by: Based on observation, the facility failed to assure the automatic fire sprinkler system is maintained to ensure the safety of the residents. The findings include: Observation on July 2, 2012 at 11:15 a.m. revealed numerous low voltage wiring attached to or supported by the automatic sprinkler system above the ceiling at patient room 905.  This finding was verified by the maintenance supervisor and acknowledged by the administrator during the exit conference on July 2, 2012.	K 062	and the maintenance assistants assessed and reattached wires attached to or supported by the automatic sprinkler system, to the structure of the rest of the facility by 7/18/12. 3. The Maintenance Director was in-serviced on 7/2/12 by the administrator on proper attachment of wiring above the ceiling. 4. The maintenance director will audit monthly to ensure that wiring is properly attached to the structure of the building for 3 months and ongoing during monthly preventative maintenance rounds. All findings will be reviewed by the administrator or Maintenance Director in the Quality Assurance Performance Improvement Committee for 3 months and/or until one hundred percent compliance is achieved. Quality Assurance Committee consists of the Administrator, Director of Nursing, Staff Development Coordinator, Environmental Services, Dietary, Social Services Director, Business Office Manager, MDS Coordinator, Rehabilitation Department, Medical Records and Environmental Department.		
K 147 SS=D	<b>NFPA 101 LIFE SAFETY CODE STANDARD</b>  Electrical wiring and equipment is in accordance with NFPA 70, National Electrical Code. 9.1.2  This STANDARD is not met as evidenced by: Based on observation, the facility failed to assure electrical wiring is installed in accordance with NFPA 70. The findings include: Observation on July 2, 2012 11:25 a.m. revealed the wiring and cables were laying on ceiling tiles and not left in a neat and workmanlike manner above the ceiling at patient room 920 (NFPA 70, 110-12).  Based on observation, the facility failed to assure electrical panels had the required clear space in front of them (NFPA 70, 110-16 (d)).	K 147	K147 1. No residents were identified as having been affected. The maintenance director moved the storage container in front of the electrical panel on 7/2/12.  2. There are no other electrical panels in the facility.  3. All dietary staff was in-serviced by 7/13/12 by the dietary manager/or assistant dietary manager on proper storage in front of the electrical panel in the food service areas.		7/18/12

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K 147	Continued From page 2  The findings include: Observation on July 2, 2012 at 10:45 a.m. revealed one (1) storage container placed in front of the electrical panels in food serving room.  These findings were verified by the maintenance supervisor and acknowledged by the administrator during the exit conference on July 2, 2012.	K 147	4. The dietary manager/assistant dietary manager/or head cook will check that the electrical panel in the food serving room is unobstructed daily times 1 month and then weekly for 2 months. The maintenance director will check that the electrical panel in the food serving room is unobstructed weekly times 3 months. All findings will be reviewed in the Quality Assurance Performance Improvement Committee for 3 months and/or until one hundred percent compliance is achieved. The Quality Assurance Performance Improvement Committee consists of the Administrator, Medical Director, Director of Nursing, Staff Development Coordinator, Environmental Services, Dietary, Social Services Director, Business Office Manager, MDS Coordinator, Rehabilitation Department, Medical Records and Environmental Department.	7/18/12	

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